

confinement. It shifts the responsibility for his care back from the community to the family, which is often willing and able to assume the responsibility if given the necessary technical assistance.

The cost of home care for an individual patient is about one-quarter the cost of hospital care. Home care, too, leaves badly needed beds available for "acute" cases. It should not be restricted to the indigent. There is no reason why private patients cannot remain under the complete supervision of their physicians at home while receiving the ancillary services provided by home care technique.

### Terminal Medical Care

There will always be patients who do not respond to rehabilitation efforts, either because of the nature of their disease or because the dis-

ease is in a terminal phase. These patients should be cared for in separate quarters if they cannot be kept at home or in supervised nursing homes.

### Conclusion

The adoption of the concept of total patient care and its application to the various phases of the management of chronic disease is basic to the formulation of a chronic disease program. The success of any such program will depend upon the coordinated efforts and leadership of medical societies, medical schools, and community health officials. When the entire community is conscious of the chronic disease problem and all its existing facilities are integrated and working for total patient care, its responsibilities to patients can be more satisfactorily discharged.

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## Dr. Joseph W. Mountin, Pioneer in Public Health, 1891-1952

Dr. Joseph W. Mountin, Assistant Surgeon General and Chief of the Bureau of State Services of the Public Health Service, died unexpectedly April 26, 1952, at the age of 61. A Public Health Service officer for 35 years, Dr. Mountin was appointed to the post of Bureau chief November 1, 1951.

Dr. Mountin had a distinguished career with the Public Health Service and was widely known as the "father" of many Service programs.

He was a special health adviser to the Bhor Commission for the Government of India in 1947. During 1949, he was adviser on health and welfare to the Economic Mission to Colombia, South America, sponsored by the International Bank for Reconstruction and Development. At the time of his death, he was Public Health Service director of the evaluation of the 10-year health and sanitation program of the Institute of Inter-American Affairs.

The author of numerous studies and monographs on preventive medicine, public health administration, and medical care, Dr. Mountin was a diplomate of the American Board of Preventive Medicine and Public Health and a fellow of the

American Medical Association. He was a fellow of the American Public Health Association and a member of its Executive Board. He was also a member of the Board of the National Organization of Public Health Nursing and had served on many official committees of other health organizations.

He was known as an authority in a wide range of public health fields from environmental health programs, such as sanitation, water pollution control and industrial hygiene, to public health nursing, public health education, the control of chronic diseases, and problems of the aging.

Dr. Mountin was born in Hartford, Wisconsin, and received his medical degree from Marquette University, Milwaukee, in 1914.

He began his career with the Public Health Service during World War I in work in extracantonment sanitation in military areas throughout the United States. He was director of the Division of Public Health Methods from 1937 to 1939 and of the States Relations Division from 1943 to 1947, when he became associate chief of the Bureau of State Services.



*"Dr. Mountin was one of the real pioneers of public health in modern times. He was a man of rare gifts, of many skills, of much imagination who, throughout his long and distinguished career, provided the spark for many of the major programs of the Public Health Service and the public health movement. His wisdom, his progressive leadership, and his warm and sympathetic understanding of medical and health problems will be widely missed. His passing is a great loss to the Service and to the public health profession in the United States and throughout the world."*

—LEONARD A. SCHEELE, M.D.